

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744954

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** COUNTRY VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

#1 COMMODORE PLACE  
PORT LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

#1 COMMODORE PLACE  
PORT LABELLE, FL 33935

**New Mailing Address:**

**FEI Number:** 59-2222482

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LANDSTEINER, PAUL A MR  
2041 SCHOONER DRIVE  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

LUCKEY LAW FIRM P.L.  
14 WASHINGTON STREET  
LABELLE, FL 33935 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** LUCKEY LAW FIRM P.L.

02/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** TOUSIGNANT, BRIAN R MR.  
**Address:** 2014 MAINSTAY STREET  
**City-St-Zip:** LABELLE, FL 33935

**Title:** D  
**Name:** BJELLAND, DUANE C MR.  
**Address:** 2005 LIGHTHOUSE LANE  
**City-St-Zip:** LABELLE, FL 33935

**Title:** DVP  
**Name:** WARREN, DOUG B MR.  
**Address:** 2016 MARINER COURT  
**City-St-Zip:** LABELLE, FL 33935

**Title:** DCFO  
**Name:** LILLARD, LOUIS P MR.  
**Address:** 2004 CLIPPER COURT  
**City-St-Zip:** LABELLE, FL 33935

**Title:** DP  
**Name:** LANDSTEINER, PAUL MR.  
**Address:** 2041 SCHOONER DRIVE  
**City-St-Zip:** LABELLE, FL 33935

**Title:** DTS  
**Name:** DORAN, BARBARA MRS.  
**Address:** 2004 CLIPPER CIRCLE  
**City-St-Zip:** LABELLE, FL 33935

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LOUIS P LILLARD

DCFO

02/21/2011

Electronic Signature of Signing Officer or Director

Date

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### Addendum to Annual Report Online Filing

Document Number 744954  
Business Entity Name Country Village Property Owners' Association, Inc.  
FEI/EIN Number 592222482  
FEI/EIN Number Status

#### Correspondence E-mail Address

Email to whom correspondence should be mailed

E-mail address: cvpoa@embarqmail.com

#### Principal Place of Business

Address #1 Commodore Place

City, State Port Labelle, FL


Zip Code & Country 33935

### Addendum to Annual Report Online Filing

#### Name and Address #7

Title DTS  
Name (Last, First, Middle, Title) Menard, Wendy Mrs.  
Street Address 2006 Anchor Lane  
City, State, Zip Labelle, FL  
Zip Code & Country 33935

Submitted by: Louis Lillard, CFO  
Country Village POA  
Labelle, FL 33935  
cvpoa@embarqmail.com  
863-675-1501/ 863-675-6271 (fax)

  
2/24/11